

Medical Care Advisory Committee (MCAC)

Monday, February 10, 2020

10:00am – 12:00 pm

NH Hospital Association, Room 1

125 Airport Road, Concord NH

MINUTES

MEMBERS/ALTERNATES

Present:

Leslie Aronson, Kathleen Bates, Sai Cherala, Jay Couture, Diana DeDousis, Lisa DiMartino, Amy Girouard, Paula Minnehan, Kara Nickulas, Ken Norton, Marie-Elizabeth Ramas, Karen Rosenberg, Jonathan Routhier, Holly Stevens, Kristine Stoddard, Carolyn Virtue, Michelle Winchester

Excused: Ellen Keith, Mel Spierer, Nancy Rollins, Tamme Dustin

DHHS: Henry Lipman, Alyssa Cohen, Sarah Finne, John Williams Dawn Landry, Karen Chartier, Wendi Aultman, Allyson Zinno, Leslie Melby,

Guests: Raymond Burke (NHLA), Heather Young, Mike Racette (Governor's Commission on Disability), Nicole St. Hilaire (AmeriHealth), Mike Miller (Optum), Rich Segal (McLane)

REVIEW/APPROVAL – MINUTES – January 13, 2020

Amend minutes to indicate Kristine Stoddard attended the meeting.

M/S/A as amended.

RULES, Wendi Aultman, Long Term Supports and Services

He-E 802, Nursing Facility Services, describes the criteria by which DHHS determines if an individual is eligible for Medicaid nursing facility care, as well as other requirements that include services provided at the nursing facility, procedures governing the resident's temporary absence from the facility, and transfers and discharges. The interim rule expired 9/16/19.

Proposed changes update the rule for clarity, program integrity, and consistency with other rules, including the definition of skilled medical professional, post eligibility for atypical services, generic over-the-counter hygiene items, discharges to the community, and specialized rate requests.

Members are concerned about the lack of clarity in the definition of skilled medical professional (SMP) as it pertains to completion of a two-year program leading to an academic degree. The subcommittee had recommended that the definition be consistent with federal law. W Aultman stated that BEAS is following the statute. Registered Nurse is not specified in the rule, as it is not stated in the statute. Members stated the level and type of training required should be defined to assure it is sufficient to determine and authorize NF level of care reviews.

H Lipman suggested further review by the Department based on feedback and to ensure that individuals making a clinical judgment have the appropriate expertise.

Electronic Visit Verification; Navigant Update, Wendi Aultman, Long Term Supports and Services
Electronic Visit Verification (EVV) is a requirement under the federal [21st Century Cures Act](#), requiring states to implement an electronic system to verify that certain home and community-based services were delivered. States are subject to penalties if not implemented.

- CMS approved a waiver to allow additional time for DHHS to involve stakeholders to ensure an effective procurement system..
- Mercer Consulting will support this effort.

- System design will allow inputs from other systems.

C Virtue read into the record comments provided by Nancy Rollins, COO of EasterSeals of NH, VT and ME:
We are speaking with vendors, and the preliminary costs are upwards of \$60,000.
This really is an unfunded mandate, and am wondering if CMS at the Federal level is making any financial considerations for this.

MCAC members to participate in the Department's EVV Advisory Group: Diana Dedousis, Gina Balkus, Jonathan Routhier, and Nancy Rollins

Navigant Update, Wendi Aultman, Long Term Supports and Services

The Department is working with Navigant Consulting to assist in efforts to improve the state's Long Term Supports and Services (LTSS) model. The work includes: to support stakeholder engagement; and to develop a landscape assessment to inform design options for LTSS delivery to improve access, coordination, oversight, quality monitoring, quality outcomes, and sustainability.

Next steps: Navigant is drafting preliminary findings based on key informant interviews and stakeholder survey responses. BEAS will meet with Commissioner Shabinette re: next steps.

LEGISLATION, John Williams, Esq, Director of Legislative Affairs

The Department is tracking 564 bills, 31 of which are DHHS requests. The following bills impact Medicaid: [**HB 1530**](#), *relative to the Medicaid dental benefit working group*. Amends the reporting date. Requires April 2021 implementation of the adult dental benefit.

[**HB 1639**](#), *relative to "In and Out" Medical Assistance*. Increases the protected income level for eligibility. Appropriation is not included.

[**SB 684-FN**](#), *relative to Medicaid to schools (MTS)*. Key to MTS is medical necessity and retroactive licensure. The licensing boards have been helpful to make necessary changes to license school staff.

[**SB 715-FN**](#), *relative to cost controls in long-term care*. Removes language pertaining to CFI cost controls, and makes sense from a practical standpoint.

[**HB 1513**](#), *requiring the commissioner of the department of health and human services to study the conversion of the Medicaid program to block grant funding and making an appropriation therefor*. Committee recommended inexpedient to legislate (ITL).

[**HB 1600-FN-A**](#), *relative to smoking cessation therapy and pharmacist reimbursement under Medicaid and making an appropriation therefor*. Authorizes pharmacists to dispense smoking cessation therapy with a physician or APRN order; and allows for Medicaid reimbursement.

[**SB 555**](#), *relative to telemedicine coverage and reimbursements*. Seeks to bring parity between Medicaid and commercial insurance.

[**SB 742-FN**](#), *relative to the definition of Alzheimer's Disease and related disorders and making an appropriation therefor*. Changes the definition of Alzheimer's to include similar irreversible dementias, and increases the annual cap for respite care. Provides \$100,000 appropriation.

[**HB 1623-FN**](#), *relative to telemedicine and substance use disorder*. Clarifies prescribing certain drugs via telemedicine.

[**SB 714-FN**](#), *relative to services for the developmentally disabled*. DHHS requested the bill. Clarifies funding for the DD waitlist for individuals aged 18-21 not yet out of school who need services not provided at school.

[**SB 716-FN**](#), *relative to Medicaid coverage for child health and development*. Requires DHHS to project the cost of adding child-parent psychotherapy and other services to the home and community-based care program, and to develop a plan to maximize the use of Medicaid to support childhood development programs.

[**HB 1707-FN**](#), *expanding the family-centered early supports and services (FCESS) program to children under the age of 3 who are born substance-exposed*. Establishes FCESS in statute. The amendment expands the definition of eligible children.

[SB 685-FN](#), *establishing a wholesale prescription drug importation program*. Would allow prescription drugs to be imported from Canada by or on behalf of the state. Governor testified in support.

[SB 567](#), *relative to the commission on interdisciplinary primary care workforce*. Changes the title and duties of the Commission. The commission has been instrumental in working for additional funding for the State Loan Repayment Program.

DHHS will keep MCAC informed of any block grant proposals. H Lipman noted that given NH's current Medicaid funding structure for the use of non-federal funds, a block grant would make it difficult to employ such funds. HB 1513 is unlikely to pass.

Medicaid for Employed Adults with Disabilities (MEAD) ELIGIBILITY, Karen Chartier, Family Assistance; Dawn Landry, Division of Medicaid Services

MEAD is an extension of Medicaid categories to allow employed individuals to receive benefits. When an individual applies for other programs, is employed and over income for APTD, DHHS initiates the MEAD application. Individuals must be aged 18-64, meet APTD/ANB requirements, meet APTD/ANB/MEAD medical criteria, and accept employer health insurance if at no cost to the employee.

MEAD eligibility determinations must be made when an ANB/APTD applicant's earnings exceed substantial gainful activity (SGA) limits; or are less than SGA limits but resources exceed medically needy limits. The Disability Determinations Unit (DDU) determines whether the applicant meets APTD/ANB criteria. If the individual becomes unemployed, MEAD may continue for up to a year.

When employment ends, earned income is protected and claimed as a protected resource. Resource exclusion includes retirement accounts, MEAD employability accounts, and MEAD medical savings accounts. If individuals move out of MEAD, they must apply for APTD. APTD is more restrictive than MEAD due to the SGA limits or resources that exceed the medically need limits. At age 65, individuals automatically transition to OAA.

Concern remains that APTD eligibility terminated because the person is working. If the individual reapplies and the system indicates "No Review," the only form to complete is Form 800, financial packet.

Loss of employment: an initial 6-month extension is provided upon reporting loss of employment and intention to return to work. An additional 6 months may be provided with proof of job search or doctor's statement. There is concern that if people are not vigilant on the dates to submit applications within the 12-month grace period, they may lose their eligibility. J Routhier described the case management function at area agencies to assist with these benefits. C Virtue added the CFI Case Managers provide the same function.

H Lipman expressed his appreciation to members for bringing these issues forward.

DEPARTMENT UPDATES, Henry Lipman, Medicaid Director

- **Disability Determinations**

The MCAC subcommittee has been meeting. Progress is being made on the backlog. The Department's expanded contract will provide for additional reviews. Deb Sorli of DFA is following up on several situations. Issues discussed include completeness of medical information, working with medical providers to deal with situations more quickly, and what MCOs can do to assist members.

- **Medicaid to Schools**

SB 684-FN, *relative to Medicaid to schools (MTS)*. Key to MTS is medical necessity and retroactive licensure. The licensing boards have been helpful to make necessary changes to license school staff.

As of 2/20/2020, both the Senate and House passed SB 684.

Stakeholder meetings are continuing. Stakeholders have reviewed the billing manual, and the OPLC document will be further updated. H Lipman met with the Board of Medicine re: a petition to clarify what services MDs can provide in schools. Same for Board of Nursing.

- **Dental Network Adequacy**, Sarah Finne, DMD, Medicaid Dental Director

The Adult Dental Benefit Working Group is looking at workforce and network adequacy to include:

- Recruitment to build the network for geographic and specialty adequacy.
- Retention: once providers are in the network, look at what is being done to support them e.g., continuing education to serve varying populations.

There is an opportunity to bring a state general dentistry residency program to NH under the auspices of the Harvard dental school. The pending application would provide funding for one year of planning and implementation. In addition, the State Loan Repayment Program will help to recruit the right people to the state.

AGENDA ITEMS – March 9, 2020

Eligibility process for CFI Recipients transitioning to a nursing facility

ACTION ITEMS

- He-E 802, Nursing Facility Services: H Lipman will take back for further review of the definition of skilled medical professional. *DLTSS is reviewing the definition.*
- L Melby to send legislative list to MCAC. *Completed 2/11/2020.*